## **EXHIBIT C**

Case 06-10725-gwz	Entered 04/20/11 16:30:33 Pa	age 2 of 7
PR	OOF OF CLAIM	
Name of Debtor Case N	umber	
Name of Debtor  (1) H (1.) nonercial Mortgage  Co, 06-7	10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address  11321241002226  WILLIAM B FRASER AND JUDY A GARRETT  1250 E AVENUE J # 2  LANCASTER CA 93535	BMC Group in this case  Check box if this address of the envelope sent to you by the   SECURED INTER ONE OF THE DEE if you have alree Bankruptcy Court	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number ( ) 461-726-7-095	(HIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previously fithis claim amends	filed claim dated
	benefits as defined in 11 U S C § 1114(a)	Unremitted principal
□	salaries, and compensation (fill out below)	Other claims against service (not for loan balances)
Last lot	ur digits of your SS # compensation for services performed from	to
		(date) (date)
2 DATE DEBT WAS INCURRED 5-3/- 2005 3 IF ( 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	COURT JUDGMENT, DATE OBTAINED cribe your claim and state the amount of the claim at the country of the claim at the cl	N/A ne time case filed
See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	Check this box if your claim is secur a right of setoff)  Brief description of collateral	ed by collateral (including
UNSECURED PRIORITY CLAIM	Real Estate  Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	•	KNOW
Amount entitled to pnority \$	Amount of arrearage and other charges	at time case filed included in
Specify the priority of the claim	secured claim if any \$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10 000)* earned within 180 days	Up to \$2 225 of deposits toward purchase lease services for personal family or household use 1	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units  Other Specify applicable paragraph of 11 U S C	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	*Amounts are subject to adjustment on 4/1/07 ar with respect to cases commenced on or after the	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$50,0		\$ 50,000
(unsecured)  Check this box if claim includes interest or other charges in addition to the principal	(secured) ( prionty) al amount of the claim. Attach itemized statement of	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and		
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts court judgments mortgages security agreement DOCUMENTS If the documents are not available explain. If the document	such as promissory notes purchase orders invints and evidence of perfection of lien. DO NO	oices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	f your claim enclose a stamped self-addressed	envelope and copy of this
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporating governmental units)	ling Pacific time, on November 13, 2006 ions, joint ventures, trusts and	THIS SPACE FOR COURT USE ONLY FILED
BMC Group BMC Group Attn USACM Claims Docketing Center Attn US P O Box 911 1330 Ea	SACM Claims Docketing Center ast Franklin Avenue	NOV 10 2006
DATE  SiGN and print the name and title if any of the creditor this claim (attach copy of power of attorney) if any	or other person authorized to file	USA CMC
10-25-06 William B. Frank &	roy a Smeth	10 <sup>-7</sup> 2501240
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	to 5 years or both 18 U S C §§ 152 AND 3571	

Case 06-10	725-awz Doc 8322	-3 Er	ntered 04/20/11 16:	30:33 Pag	ie 3 of 7
			OF OF CLAIM	33,33	
Name of Debtor		Case Nu	mber		
ANCHOR B, LLC	2	BK5	506-10725 LBR		
NOTE See Reverse for List of Debtors This form should not be used to make a arising after the commencement of the c administrative expense may be filed pure	claim for an administrative experiese A "request" for payment of		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	REC'D S	EP 2 5 2006
Name of Creditor and Address THOMAS C GRAY IRA 31672 SCENIC DR	s 11321241000827		statement giving particulars  Check box if you have hever received any notices from the bankruptcy court or	DO NOT FILE THIS	S PROOF OF CLAIM FOR A
LAGUNA BEACH CA 92	2651-8205		BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE DEB	EST IN A BORROWER THAT IS NOT TORS  ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (949 58	985738/4494991	2971	court		IS FOR COURT USE ONLY
Last four digits of account or other numb			Check here replace	ces	
ClienTID# 6674  1 BASIS FOR CLAIM			if this claim amen	a previously t	filed claim dated
	onal injury/wrongful death	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed Taxes	11	_	salaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
L = . =	(describe briefly)		digits of your SS # ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED -7	118/2005	12 IE C	OURT JUDGMENT, DATE O	PTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Chec					e time case filed
See reverse side for important explanations			SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM  Check this box if a) there is no collatera		our alaim	Check this box if yo	our claim is secure	ed by collateral (including
exceeds the value of the property securi			a right of setoff)  Brief description of		
UNSECURED PRIORITY CLAIM			Real Estate		Other
Check this box if you have an unsecured entitled to priority	d claim all or part of which is		Value of Collateral	_ Motor verificie	Other
Amount entitled to priority \$				<b>a</b>	at the same of the day of a day of
Specify the priority of the claim			secured claim, if any	to other charges a	at time case filed included in
Domestic support obligations under 11 t	U S C § 507(a)(1)(A) or (a)(1)(B)	П	Up to \$2 225* of deposits toward	ard nurchase lease	or rental of property or
Wages salaries or commissions (up to		اسا	services for personal, family o	r household use -11	USC § 507(a)(7)
before filing of the bankruptcy petition or business whichever is earlier - 11 U S C			Taxes or penalties owed to go		
Contributions to an employee benefit pla	an - 11 U S C § 507(a)(5)	اسا	Other - Specify applicable para * Amounts are subject to adjust	stment on 4/1/07 and	l every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	•		with respect to cases commen	ced on or after the d	
AT TIME CASE FILED	(unsecured)	50,00	00 - \$ \$	( priority)	\$(Total)
Check this box if claim includes interest					` '
6 CREDITS The amount of all payment					
7 SUPPORTING DOCUMENTS AT running accounts, contracts, court jude DOCUMENTS If the documents are	dgments, mortgages, security a	greements	s, and evidence of perfection	of lien DO NOT	ices, itemized statements of SEND ORIGINAL
1	ceive an acknowledgment of the			•	envelope and copy of this
The original of this completed prod ACCEPTED) so that it is actually re	eceived on or before 5 00 pm,	prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including governmental units) BY MAIL TO BMC Group		BY HAND	OR OVERNIGHT DELIVERY TO		Filed Date
Attn USACM Claims Docketing Cent P O Box 911	ter ,		up CM Claims Docketing Cente t Franklin Avenue	r	Filed Date
El Segundo, CA 90245-0911		El Seguno	io, CA 90245		1100100
this c	onpt the name and title if any of the laim (attach)copy of power of attorned	creditor or ey if any)	otner person authorized to file		1104 6115
9/21/2006	Mus C. x	Trai	/		USA CMC
Penalty for presenting fraudulent claim is a fin	ie of up to \$500 000 or impfisonmen	t for up to	5 years or both 18 USC §§	152 AND 3571	1072500222

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## Case $66_{\overline{1}}$ $0765_{\overline{1}}$ $0765_{\overline{1}}$ $076_{\overline{1}}$ $076_{\overline{1}}$

UNITED STATES BANKRUPTCY GOURT DISTRICT OF NEVADA	PRO	PROOF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA COMMERCIA PLORIGATIE	- Op	-10725 (LB)		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative arising after the commencement of the case A "request" for payme administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address  ARTHUR I. KRZISS  2398 W25, 1050 North  HURRICANE UT 84737	<b>t</b>	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTE ONE OF THE DE If you have all Bankruptcy Cour	ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number (435 635 - 546		court	THIS SPACE	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identified the count ID 5619	ies debtor	Check here replace or if this claim amen	a previously	y filed claım dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages s	salaries, and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Money loaned LJ Other (describe briefly)	Unpaid o	ompensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes	that best descri	be your claim and state the amo	unt of the claim at	the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it, or if c) none or only part of the property securing it.		Check this box if you a right of setoff)	our claim is secu	red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority		Value of Collateral		Knamn
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(	`	Up to \$2 225* of deposits towa services for personal family of		
Wages salaries, or commissions (up to \$10 000)* earned within 180 or before filing of the bankruptcy petition or cessation of the debtor's	lays	Taxes or penalties owed to go		• ,,,,
business whichever is earlier 11 U S C § 507(a)(4)  Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para		
		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 a ced on or after the	nd every 3 years thereafter e date of adjustment
AT TIME CASE FILED	\$ 120,0	<u> </u>		\$ /20,000 00
(unsecured)  Check this box if claim includes interest or other charges in addition	to the principal			
6 CREDITS The amount of all payments on this claim has been 7 SUPPORTING DOCUMENTS Attach copies of supporting of running accounts contracts court judgments mortgages secured DOCUMENTS If the documents are not available explain. If the	<u>locuments,</u> su rity agreements	ch as promissory notes pure s and evidence of perfection	chase orders, inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment o proof of claim	f the filing of y	our claim enclose a stamped	d, self addressed	d envelope and copy of this
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnership governmental units) BY MAIL TO	pm prevailin s corporation	g Pacific time on Novembe	er 13 2006 ad	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BMC Grou	пb		J
Attn USACM Claims Docketing Center P O Bo (911		CM Claims Docketing Center t Franklin Avenue	r	
El Segundo CA 90245 0911	El Seguno	lo CA 90245		
DATE SIGN and print the name and title if any of this claim (attach copy of power of a	of the creditor or attorney if any)	other person authorized to file		
Llan 4 2007 The how I Know	2. H	loture I k	1810-	

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §\$ 152 AND 3571

INTERESTACE OF NEVADAY	3 <b>850</b>	of Qf/201Am:	Opage Pap	<b>₽</b> 5 of 7
<u> </u>	Casa Nu	mhoe:		
Name of Debtor:	Case Number:			
USA Commercial Mortgage Company	06-107	'25-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers.		Check box if you are		
This form should not be used to make a claim for an administrative exp arising after the commencement of the case. A "request" for payment of	of an	aware that anyone else has	IE VOU ABE ONLY	Y OWED MONEY BY A BORROWER
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE
Name of Creditor and Address:		statement giving particulars.	OF CLAIM. THIS	INCLUDES MONEY FROM THAT
MARCIA J KNOX LIVING TRUST DATED 8/16/04		Check box if you have never received any notices	BORROWER HEL	D IN THE COLLECTION ACCOUNT.
C/O MARCIA J KNOX TRUSTEE		from the bankruptcy court or BMC Group in this case.		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
1885 VINTNERS PL RENO, NV 89509-8334		Check box if this address	ONE OF THE DEE	
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (775) 826-9195	·	court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here repla	ces	ich. 10/2
		Culeck uele	<ul> <li>a previously</li> </ul>	filed claim dated: <u>  10  16  06</u> 20615, 616, 617, 647, 6486
1. BASIS FOR CLAIM	Retiree l	penefits as defined in 11 U.S.		Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (	fill out below)	Other claims against servicer
Services performed Taxes		r digits of your SS #:		(not for loan balances)
Money loaned	Unpaid (	compensation for services pe	rformed from:	to (date) (date)
2. DATE DEBT WAS INCURRED: 6/2/2005	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$  Check this box if: a) there is no collateral or lien securing your claim, or b)	your claim		our daim is secur	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of ye entitled to priority.	our claim is	a right of setoff).	i callatoral:	•
UNSECURED PRIORITY CLAIM		Brief description of Real Estate		П оть
Check this box if you have an unsecured claim, all or part of which is				
				et time cose filed included in
Specify the priority of the claim:		secured claim, if any:	\$ 4533.35	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2,225* of deposits tow		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days	_	services for personal, family,	or household use -1	1 U.S.C. § 507(a)(7).
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	누	Taxes or penalties owed to go		• ,,,,
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<ul> <li>Other - Specify applicable par</li> <li>*Amounts are subject to adju</li> </ul>	•	
S TOTAL AMOUNT OF CLAIM &	60.0	with respect to cases commer		date of adjustment.
5. TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED: (unsecured)	50,0	Secured) (SEE ATTACHED)	( priority)	_ \$ <u>55,266,83</u> (Total)
Check this box if claim includes interest or other charges in addition to the				` '
6. CREDITS: The amount of all payments on this claim has been cre 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents.			-	
running accounts, contracts, court judgments, mortgages, security	agreemen	ts, and evidence of perfectior	of lien. DO NO	
DOCUMENTS. If the documents are not available, explain. If the data and a support of the support		•	•	l envelope and copy of this
proof of claim.		,,		
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships,				USE ONL!
governmental units). BY MAIL TO: BMC Group		OR OVERNIGHT DELIVERY TO	):	
BMC Group Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center				
P. O. Box 911 1330 East Franklin Avenue				
El Segundo, CA 90245-0911  DATE  SIGN and print the name and title, if any, of the		rdo, CA 90245 or other person authorized to file		
this claim (attach copy of power of attor			0/0	
12/7/2006 Whitela Jorson IN	ustei	you I var how	~7	
Double for any antique fraudulant plaint & Fraudulant agency and		500 00 10 10 10 00 00	4ED AND DEZA	

Claim As a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. \$\$ 152 AND 3571

INDIVILLEST ANCHOR BOMB

CMB

CMB

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		VI	
N 6 Dahtar	Case Number 10725 /			
USA Commercial Morlg. Comp	06		)R)	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	of an	Check box if you are aware that anyone else ha filed a proof of claim relating your claim. Attach copy of	ng to	
Name of Creditor and Address 11321241000 Rehberger Family Trust	Pogl	statement giving particular  Check box if you have never received any notices from the bankruptcy court	s or DO NOT FILE THIS	S PROOF OF CLAIM FOR A
dated 6-17-92	06.5	BMC Group in this case  Check box if this addled differs from the address of	ress n the SECURED INTERED ONE OF THE DEB	ST IN A BORROWER THAT IS NOT
Box 3651 Incline Village NV8.  Creditor Telephone Number 315 831 - 4444		envelope sent to you by the court.	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies Client 106239; acc#6736		if this claim	amends	filed claim dated
1 BASIS FOR CLAIM  Goods sold Personal injury/wrongful death  Taxes	Wages	benefits as defined in 11 salaries and compensa r digits of your SS#		Other claims against servicer (not for loan balances)
Money loaned Sother (describe briefly)		compensation for service		to (date) (date)
2 DATE DEBT WAS INGURRED	3 IF C	OURT JUDGMENT, DA	TE OBTAINED	ne time case filed
4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	at best desc			ic time date mad
UNSECORED NONPRIORITY CLAIM \$		SECURED CLAIN		ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or the exceeds the value of the property securing it or if c) none or only part of the property securing it or if c) none or only part of the property securing it.	your claim	23	ro A	i
entitled to priority	your claim is	Brief descript	$A^{(n)}$ ion of collateral $A^{(n)}$	chor
UNSECURED PRIORITY CLAIM			te Motor Vehicle	
Check this box if you have an unsecured claim all of part of which is entitled to priority		Value of Colla	ateral \$	
Amount ∈ ntitled to priority  Specify the priority of the claim		Amount of arrears		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages valaries or commissions (up to \$10 000)* earned within 180 day	-	services for personal fa	its toward purchase lease amily or household use1	4-USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier 11 U S C § 507(a)(4)  Other Specify applicable paragraph of 11 U S C § 507(a) ()				
Contributions to an employee benefit plan 11 USC § 507(a)(5)		* Amounts are subject t with respect to cases co	o adjustment on 4/1/0/ at commenced on or after the	nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 50,000 VIII A	Cipor	(secured)	rees etc (priority)	\$ (Total)
Check this box if claim includes interest or other charges in addition to				The second secon
6 CREDITS The amount of all payments on this claim has been or 7 SUPPORTING DOCUMENTS Attach copies of supporting do running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the	ocuments, s y agreemer e document	such as promissory note nts and evidence of peri ts are voluminous attack	s purchase orders invitection of lien DO NC h a summary	oices itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim	the filing of	your claim enclose a st	tamped self addressed	l envelope and copy of this
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships governmental units) BY MAIL TO BMC Group	om, prevail , corporati BY HANI	ing Pacific time on No ions, joint ventures, tru D OR OVERNIGHT DELIVE	sts and	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center		SACM Claims Docketing	Center	
P O Box 911 El Segundo CA 90245 0911		ast Franklin Avenue Indo CA 90245	-	" TO DEC 1 9 2000
DATE  SIGN and print the name and title if any of this claim (attach copy of power of at	the areditor	or other person authorized	to file	USA CMC USA CMC
Panally for presenting fraudulant claim is a fine of in to \$500,000 or annealing	ment for un	to 5 years or both 18 US	C §§ 152 AND 3571	
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or inprison. ANNEWLY	berg	ev, Mustee	2	10/2501113

	PRO	OOF OF CLAIM	l ac	<del>JE / UI /</del>	
Name of Debtor	Case Nu	ımber			
USA COMMERCIAL MORTGAGE CO	06-1	10725- LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating		ı !	1
Name of Creditor and Address	12	to your claim Attach copy of statement giving particulars			
SUGAR 1990 LIVING REVOCABLE TRUST DATED 10/4/90 C/O WILLIAM SUGAR & MARILYN R SUGAR TRUST 2790 19TH AVE APT 4 SAN FRANCISCO CA 94132-1673  Creditor Telephone Number		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DEI If you have aire Bankruptcy Court	IIS PROOF OF CLAIM F REST IN A BORROWER BTORS eady filed a proof of clai or BMC you do not nee EE IS FOR COURT U	R THAT IS NOT im with the ed to file again
Last four digits of account or other number by which creditor identifies	debtor		1	E IS FOR COURT U	SE UNLT
2262		Check here replace or amen	a previously	filed claim dated	
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted prin	ncinal
Goods sold Personal injury/wrongful death		salaries and compensation (i	•	Other claims ag	•
Services performed Taxes		digits of your SS#		(not for loan bal	ances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services per	rformed from	•	2/06 (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		, ,	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha See reverse side for important explanations	t best descri	be your claim and state the amou	unt of the claim at th	he time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is	a right of setoff)  Brief description of		red by collateral (ınclu	gnibu
UNSECURED PRIORITY CLAIM			-		
Check this box if you have an unsecured claim all or part of which is entitled to priority				○	
Amount entitled to priority \$		Amount of arrearage an	nd other charges		cluded in
Specify the priority of the claim		secured claim, if any	\$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		services for personal family o		,	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other Specify applicable para * Amounts are subject to adjus	agraph of 11 U S C	§ 507(a) ( )	io.
E TOTAL AMOUNT OF OLARM		with respect to cases commen	ced on or after the	date of adjustment	ier
AI TIME CASE FILED	50,000			\$50,000.	00
(unsecured)  Check this box if claim includes interest or other charges in addition to the		ecured) amount of the claim Attach iter	( рпопty) mized statement of	(Total) f all interest or addition	
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS if the documents are not available explain if the d 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	dited and d uments, su agreements locuments	educted for the purpose of m ch as promissory notes purc s, and evidence of perfection are voluminous attach a sun	raking this proof of chase orders invo of lien DO NOT nmary	of claim orces itemized stater T SEND ORIGINAL	ments of
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	. prevailin	a Pacific time, on Novembe	r 13, 2006	THIS SPACE FO USE ONL	
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	Attn USA 1330 East	OR OVERNIGHT DELIVERY TO IP CM Claims Docketing Center Franklin Avenue to CA 90245	1	LED OCT 1 (	2006
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or			USA CMC	
		NR. Sugar		1072500539	